HICAP BUDGET SUMMARY

| BUDGET PERIOD: | []ORIGINAL[|] AMENDMENT I | NO.: | CONTRACT NO. | • | DATE: | PSA NO.: |
|--------------------------------------|-------------|---------------|----------------|-----------------|---------|---------|-----------------|
| | Col (a) | Col (b) | Col (c) | Col (d) | Col (e) | Col (f) | Col (g) |
| | STAT | E AND FEDERA | L (SHIP) FUNDS | ONLY | OTHER I | TOTAL | |
| COST | AAA | Direct | Contracted | TOTAL | Program | Other | All Funds |
| CATEGORY | Admin | Service | Service | Columns (a,b,c) | Income | Funding | Columns (d,e,f) |
| AAA ADMINISTRATION | | | | | | | |
| Personnel | | | | | | | |
| Operating Expenses | | | | | | | |
| Indirect Admin | | | | | | | |
| TOTAL ADMINISTRATION | | | | | | | |
| HICAP PROGRAM | | | | | | | |
| HICAP Reimbursements Program | | | | | | | |
| HICAP Reimbursements MMA State Funds | | | | | | | |
| HICAP Fund Program | | | | | | | |
| HICAP Fund MMA State Funds | | | | | | | |
| HICAP SHIP Funds | | | | | | | |
| HICAP MMA Supplemental SHIP Funds | | | | | | | |
| TOTAL HICAP PROGRAM | | | | | | | |
| | | | | | | | |
| | | | | | | | |
| TOTAL BUDGET | | | | | | | |
| | | | E USE ONLY | | | | 1 |
| Fiscal Specialist Approval | | Date | Team Coach Ve | rification | | | Date |
| | | | | | | | |
| | | • | | | | | • |

HICAP Legal Representation Services are provided [W&I Code, Section 9541 (c) (3)]

[] Yes Amount Budgeted:\$

AAA ADMINISTRATION BUDGET NARRATIVE

| BUDGET PERIOD: | [] ORIGINAL [] AMENDMENT NO.: | CONTRACT NO.: | DATE: | PSA NO.: |
|----------------------------------|---------------------------------|------------------------|---------------------------------------|----------|
| PERSONNEL | | (a) | (b) | (c) |
| | | Annual | % of Time | |
| Position Classification: | | Wage Rate | Devoted | TOTAL |
| | | | | |
| | | | | |
| | | | | |
| | | | | |
| | | | | |
| | | | | |
| | | | | |
| | | | | |
| | | TOTAL SALARIES & V | VAGES | |
| | | STAFF BENEFITS | | |
| | | TOTAL PERSONNEL | | |
| OPERATING EXPENSES | | | Rate per Square Ft. | |
| Annual Rent | | | | |
| | | | | |
| Equipment (List): | | Quantity | Unit Price | |
| | | | | |
| | | | | |
| | | | | |
| | | | | |
| | | | | |
| | | | | T |
| Travel: | | | | |
| Other Operating Expenses (List): | | | | |
| <u> </u> | | | | |
| | | | | |
| | | | | |
| | | | | |
| | | | | |
| | | TOTAL OPERATING E | XPENSES | |
| | | INDIRECT ADMIN | | |
| | | TOTAL ADMINISTRAT | ION | |
| | | | · · · · · · · · · · · · · · · · · · · | |

HICAP DIRECT SERVICES BUDGET NARRATIVE*

| BUDGET PERIOD: | [] ORIGINAL [] AMENDMENT NO.: | CONT | RACT NO.: | DATE: | PSA NO.: |
|----------------------------------|---------------------------------|------|------------------|---------------------|----------|
| PERSONNEL | | (a) | | (b) | (c) |
| | | | Annual | % of Time | |
| Position Classification: | | | Wage Rate | Devoted | TOTAL |
| | | | | | |
| | | | | | |
| | | | | | |
| | | | | | |
| | | | | | |
| | | | | | |
| | | | | | |
| | | | | | |
| | | TOT | AL SALARIES & W | AGES | |
| | | STAF | FF BENEFITS | | |
| | | TOT | AL PERSONNEL | | |
| OPERATING EXPENSES | | | | Rate per Square Ft. | |
| Annual Rent: | | | | | |
| 5 (4) (2) | | | | T 11 % D : | |
| Equipment (List): | | | Quantity | Unit Price | _ |
| | | | | | _ |
| | | | | | + |
| | | | | | |
| | | | | | |
| | | | | | |
| Travel: | | | | | |
| | | | | | |
| Other Operating Expenses (List): | | | | | |
| | | | | | |
| | | | | | _ |
| | | | | | _ |
| | | | | | - |
| | | TOT | AL OPERATING EX | DENSES | |
| | | | | | |
| | | | RECT COSTS | | |
| | | TOT | AL DIRECT SERVIC | CES | |

^{* -} Budget Direct expenses from all funding sources, including MMA Supplemental funds.

HICAP CONTRACTED SERVICES SCHEDULE*

| BUDGET PERIOD: | | [] ORIGINAL [] AMENDMENT NO.: | | | CONTRACT NO.: | | DATE: | | PSA NO.: |
|------------------------------------|----------------|---------------------------------|---------|-----------------|---------------|--------------|---------|---------|------------|
| | (a) | (b) | (c) | (d) | (e) | (f) | (g) | (h) | (i) |
| | HICAP | HICAP | HICAP | HICAP | | HICAP MMA | | | TOTAL |
| | Reimbursements | Reimbursements | Fund | Fund | HICAP | Supplemental | Program | Other | CONTRACTED |
| Contractors | Program | MMA State Funds | Program | MMA State Funds | SHIP Funds | SHIP Funds | Income | Funding | SERVICES |
| Name: | | | | | | | | | |
| Address: | | | | | | | | | |
| Telephone: | | | | | | | | | |
| Contact Person: | | | | | | | | | |
| Name: | | | | | | | | | |
| Address: | | | | | | | | | |
| Telephone: | | | | | | | | | |
| Contact Person: | | | | | | | | | |
| Name: | | | | | | | | | |
| Address: | | | | | | | | | |
| Telephone: | | | | | | | | | |
| Contact Person: | | | | | | | | | |
| Name: | | | | | | | | | |
| Address: | | | | | | | | | |
| Telephone: | | | | | | | | | |
| Contact Person: | | | | | | | | | |
| TOTAL HICAP CONTRACTED SERVICES | | | | | | | | | |

^{* -} Budget Contracted expenses from all funding sources, including MMA Supplemental funds.

HICAP MEDICARE MODERNIZATION ACT (MMA) SCHEDULE*

| BUDGET PERIOD: | []ORIGINAL[]A | MENDMENT NO.: | CONTRACT NO.: | | DATE: | PSA NO.: |
|---|---------------|----------------|---------------|--------------|----------------|--------------|
| | (a) | (b) | (c) | (d) | (e) | (f) |
| | | | | Direct MMA | Contracted MMA | TOTAL MMA |
| | Direct MMA | Contracted MMA | TOTAL MMA | Supplemental | Supplemental | SUPPLEMENTAL |
| COST CATEGORIES | State Costs | State Costs | STATE COSTS | SHIP Costs | SHIP Costs | SHIP COSTS |
| | | | | | | |
| PERSONNEL | 1 | T | 1 | T | 1 | 1 |
| Salaries & Wages | | | | | | |
| Staff Benefits | | | | | | |
| TOTAL PERSONNEL COSTS | | | | | | |
| OPERATING EXPENSES | | | | | | |
| Rent | | | | | | |
| Equipment: | | | | | | |
| Purchases/Maintenance | | | | | | |
| Computers (include Notebooks) | | | | | | |
| Travel: | | | | | | |
| Training | | | | | | |
| Non-Training | | | | | | |
| | | | | 1 | | |
| Other Operating Expenses | | | | | | |
| Training: | | | | | | |
| Registration Fees | | | | | | |
| Materials/Printing | | | | | | |
| Printing/Non-Training | | | | | | |
| Utilities | | | | | | |
| Postage | | | | | | |
| Supplies | | | | | | |
| General Expense/Insurance/Accounting Services | | | | | | |
| Communications | | | | | | |
| Advertising/Promotions | | | | | | |
| Internet Access | | | | | | |
| Consultants | | | | | | |
| Volunteer Recognition | | | | | | |
| InfoVan Operation Costs | | | | | | |
| MIS Database & Software License Fees | | | | | | |
| Other: | | | | | | |
| TOTAL OPERATING EXPENSES | | | | | | |
| INDIRECT COSTS | | | | | | |
| | | | | | | |
| TOTAL MMA COSTS | 1 | | | 1 | 1 | |

^{* -} Budget Direct and Contracted expenses from MMA funds only. This is not a separate budget page for MMA. Include these expenses on Page 1, 2, 3, & 4 also.